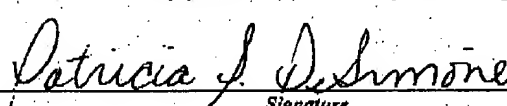


OFFICIAL

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Sundararaj et al			08CU-5777
Serial No. 09/855,052	Filing Date May 14, 2001	Examiner Moore	Group Art Unit 1712
Invention: POLYIMIDE BLENDS, METHOD OF MAKING, AND ARTICLES MADE THEREFROM			
<p>I hereby certify that this <u>Amendment and Transmittal Letter, Change of Corr. Address, Cert. of Tran. by Facs</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax..No. <u>(703) 872-9310</u></p> <p>on <u>March 7, 2003</u> (Date)</p> <p><u>Connie Wussow</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Connie Wussow</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

FAX RECEIVED  
MAR 10 2003  
GROUP 1700

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Sundararaj et al.				08CU-5777	
Serial No. 09/855,052	Filing Date May 14, 2001	Examiner Moore	Group Art Unit 1712		
Invention: POLYIMIDE BLENDS, METHOD OF MAKING, AND ARTICLES MADE THEREFROM					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32	56 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0862 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 Signature		Dated: March 7, 2003		<b>FAX RECEIVED</b> <b>MAR 10 2003</b> <b>GROUP 1700</b>	
Patricia S. DeSimone Registration No. 48,137					
Customer No. :23413 Telephone No. (860) 286-2929					
CC:					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					